



**CMWFHC**  
CANADIAN MASTERS  
WEIGHTLIFTING  
FEDERATION  
-|||-----|||  
HALTÉROPHILIE  
CANADIENNE



***PROVINCIAL MASTERS WEIGHTLIFTING COMPETITION***

*For the Province of \_\_\_\_\_*

***COMPETITION DIRECTOR'S  
VERIFICATION OF DOPING CONTROL AND  
REFEREE REQUIREMENTS***

***(Please return this form to CMWFHC President no later than 2  
weeks after the scheduled Competition Date)***

This Provincial Masters Weightlifting Competition is sanctioned by our Provincial Weightlifting Association. I/We have submitted to our Provincial Weightlifting Association/CWFHC a Registration for Anti-Doping Tests and fee at least 45 days in advance of our Provincial Masters. I will promptly provide, if requested, a copy of that registration to CMWFHC President and Records Secretary. I have received confirmation from our Provincial Weightlifting Association that it will immediately notify CMWFHC of any positive test results from CMWFHC members as per CMWFHC-ADC bylaw 2.02.04. I can provide CMWFHC with a copy of that confirmation. I can assure CMWFHC that at each session of this Competition, at least two (2) Referees were designated Level 3 (National) or higher. I understand that failure to comply with any of these requirements will make an athlete's Record Application void.

\_\_\_\_\_  
Name of Provincial Masters Competition Director

\_\_\_\_\_  
Signature

Date \_\_\_\_\_